

CITY OF RIVERSIDE

Building & Safety Division

Phone: (951) 826-5697



Special Inspector's Progress Report

Permit Number: _____

Project Name/Address: _____

Inspections Type(s)/Coverage: _____

☐ Continuous

☐ Periodic

Time Inspections Began: _____ Time Inspection Ended: _____

Describe inspections and/or tests made, including locations: _____

List items requiring correction, include previously listed uncorrected items: _____

List changes to approved plans authorized by Architect, Engineer and/or City of Riverside: _____

To the best of my knowledge, work inspected was in accordance with the Building & Safety Division's approved plans, specifications and applicable workmanship provision of the U.B.C. except as noted above.

Signed: _____

Date: _____

Print Full Name: _____

City I.D. Number: _____

Note: This report is to remain at the job site with the contractor for review by the City's Building Inspector